The critical incident stress policy outlines our response to employees affected by potentially traumatic events which are outside their normal work experience. We need to respond to these in a way that is qualitatively different to that in normal work situations. Because individuals experience critical incidents in different ways different and vary in their reaction to similar events - what may be traumatic for one may not be for others - it is not possible to make rigid recommendations for all situations and employees.

Early intervention has been shown to lead to improved mental health outcomes. If your staff have been exposed to a significant incident it is important to **get advice** on what post-incident support would be appropriate as soon as possible.

There is no one-size fits all solution to providing support after traumatic events. What is appropriate will depend on the nature, severity and duration of the event; the number, skills and cohesiveness of those involved; and the severity of their physical and emotional symptoms.

At times, no formal interventions may be required and you might simply be encouraged to help staff make use of existing social supports, provide them with information regarding signs that they may need further help, and ways to easily access more help if required.

Individual counseling can be useful and should be offered to those who desire it, and those who are experiencing strong, ongoing reactions. It should only be conducted by an experienced mental health professional with training in post-trauma support. Sometimes people who are not coping well don't want to have formal assistance and it is best to seek advice on how you can best fulfill your duty of care to these people with your mental health care consultant.

Critical incidents occurring outside of the workplace can impact many employees and organizations. Managers should consider off duty, as well as on duty incidents that have the potential to cause an overwhelming impact on employees and affect their ability to cope and function safely, especially in the fire environment.

Not all critical incidents require "CISM." Critical Incident Stress Management is a subset of the broader field of crisis intervention and many other resources may be a more appropriate intervention protocol than CISM.

Critical Incident Stress Management (CISM) is an intervention protocol developed specifically for first responders (fire, law enforcement, etc.) dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident. The BLM's Standard of Care for CISM responses is the International Critical Incident Stress Foundation (ICISF) Model which includes a "Peer Support component.

Peer support has been the key to success in instilling trust of our employees to participate in crisis intervention services. Critical Incident Peer Support is about peers, or "people of mutual respect." In wildland fire, it is the shared culture and experiences which form the foundation of peer support. Peer relationships are effective because they are built around this mutual understanding, respect and trust.

Benefits of early intervention by both professional and peer-support personnel who are specially trained and follow established protocols of stress management can promote positive recovery from traumatic stress. Experts believe that various techniques and processes used in Critical Incident Peer Support can help individuals improve their coping abilities and dramatically decrease the occurrence of Post -Traumatic Stress Disorder (PTSD), lower the tension and mitigate the group's reaction to a traumatic event.

EAP

Wildland fire and aviation personnel suffering from such symptoms

The Employee Assistance Program (EAP) is a professional service that provides counseling, coaching, and grief support, consultation, financial and legal information free of charge to employees. While EAP services include response to crisis and trauma, EAP cannot provide peer support which is the foundation of the ICISF intervention models we utilize. The demographics of employees and their willingness to use an Employee Assistance Program (EAP) are considerably different than wildland fire personal, especially younger firefighters most often seen by our current peer support program.

Employees have the option of visiting EAP and at any time may choose it for assessment and/or on-going counseling. The Peer Support Program can be seen as the connecting link between the employees and EAP services. The Peer Support

Examples of Appropriate Intervention

Incident	Intervention Strategy	Timing	Strategy and Criteria
Line of Duty Death: Fire (includes suppression and pre-suppression incidents)	CISM	48-72 hours or longer	Information, education, symptom mitigation, return to normal function, referral.
Line of Duty Death: Non-Fire	CISM	48-72 hours or longer	Information, education, symptom mitigation, return to normal function, referral.
Workplace Suicide: Fire/Non-Fire	CISM	24-48 hours or longer	Prevention, Intervention and Postvention.
Off Duty Suicide: Fire/Non-Fire	CISM or EAP	24-48 hours or longer	CISM may be more appropriate based on the level of reaction by those affected. Prevention, Intervention and Postvention.
Serious Accident or Injury: Fire (includes shelter deployment)	CISM CISM CISM	48-72 hours or longer	Information, education, symptom mitigation, return to normal function, referral.
Serious Accident or Injury: Non-Fire	CISM or EAP	48-72 hours or longer	CISM may be more appropriate based on the level of reaction. Information, education, symptom mitigation, return to normal function, referral.
On Duty Death: Non-Fire (stroke, heart attack, other)	EAP	24-48 hours or longer	Provide information, grief counseling and other support as needed.
Off Duty Death: Fire/Non-Fire	CISM or EAP	48-72 hours or longer	Based on reaction and circumstances. i.e. killed leaving crew base, co-workers did body recovery, etc.
Natural Disaster such as fire, flood, hurricane, tornado etc.	EAP	Specific to incident duration	Provide information, assistance with home owners insurance
Search and Rescue	CISM	Specific to incident duration	EAP may be considered based on the reaction and the outcome of the search.
Terrorism (domestic and foreign)	EAP	Specific to incident duration	CISM program can recommend assistance with mental health care clinicians who specialize in terrorism**
Follow Up Visits	EAP	As Requested	After care support
Shooting (work place, office involved, etc)	CISM	48-72 hours or longer after the incident	Information, education, symptom mitigation, return to normal function, referral.
Family Support	EAP	As Requested	Some CISM interventions can include

			family.**

Critical Incident Stress Management (CISM) is a difficult are for which to establish an operational framework. Due to the nature and diversity of traumatic experiences, it is nearly impossible to produce a stand-alone protocol that can be applied in a unilateral manner. Everyone interprets the intensity and severity of critical incidents at varying paces and by differing means and levels of coping. It is imperative to have a sound foundation from which to initiate interventions.

Remember, the ability to develop coping skills varies from individual to individual. Earmarks in the intervention process such as stabilization, coping and resource identification, and recovery support are mentioned with a vague timeline. However, the pace of the intervention is still based on the response of those participating in the process.

Five Principles of Crisis Intervention

Crisis Intervention Principle #1: Mobilize a crisis intervention group intervention group in response to a significant critical incident, then actively implement the most appropriate crisis intervention tactics in response to observable signs or reported symptoms (evidence of need) of distress and/or dysfunction.

Crisis is a response, not an event. Specifically, the direct implementation of crisis intervention tactics is predicated upon evidence of human distress and/or dysfunction, not merely the occurrence of an event (critical incident). Many individuals who are traumatized possess natural recovery mechanisms sufficient enough to preclude external psychological support.

Crisis Intervention Principle #2: Not all signs and symptoms of acute distress are symptoms of acute distress are not characteristic to post traumatic stress disorders.

It is important that those implementing the crisis intervention be cognizant of "assumed" criteria for psychological triage. More specifically, it is important to differentiate the signs and symptoms of acute stress which predict PTSD and those which do not. Signs of "fight or flight" reactions do not indicate or should be assumed that PTSD will occur. Fight or flight is a stress response closely associated with survival. It generates effective actions in the face of danger. Resistance and resilience to stress help restore people to normal function.

Crisis Intervention Principle #3: Tailor the crisis intervention to the needs of the individual(s).

Once again the most important element of the critical incident is crisis response complexity based on the human reactions. Cognitively oriented individuals tend to require emotional

Crisis Intervention Principle #4: Timing for Crisis Intervention

Crisis intervention processes generally start no sooner than 48-72 hours after an incident. Crisis intervention services can also be services can also be provided within a few weeks or longer depending on the incident. It is important to allow time for affected individuals to disengage operationally, and re-connect with family or friends. Once this occurs individuals are typically emotionally ready to benefit from peer support.

Crisis Intervention Principle #5: The final principle of crisis intervention is to select the best crisis intervention strategies and tactics:

- For the specific event,
- For the specific population affected
- Implemented at the best respective times.

The need for crisis intervention services is clear. Yet the efforts to provide those services must well-timed, well measured and delivered by trained and credentialed personnel. Crisis intervention services must complement and augment natural recovery and restorative mechanisms and not interfere with the process. This is true for wherever the crisis response is, whether for individuals, organizations, or entire communities.